FILED

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

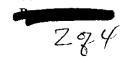
SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N95000000132 1. Entity Name 04 JAN 12 AM 8:00 AFRICAN AMERICAN MUSEUM OF THE ARTS, INC. Principal Place of Business Mailing Address 325 S CLARA AVE P O BOX 1319 DELAND, FL 32721-1319 DELAND, FL 32721-1319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E037 (10/03) Chg-NP City & State City & State 4. FEI Number 59-3277908 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, IRENE D Street Address (P.O. Box Number is Not Acceptable) 2137 LAKEBREEZE WAY DELTONA, FL 32738 City Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Change ☐ Delete C Addition MAXWELL, JOHNSON NAME NAME 2137 LAKEBREEZE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP TITLE TITLE ☐ Delete ■ Addition SMOKES, CARRIE B NAME NAME STREET ADDRESS 721 S STONE ST STREET ADDRESS DELAND, FL 32720 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE 01024 - 001JABBS, LORETTA NAME NAME STREET ADDRESS 2714 LONE FEATHER DR STREET ADDRESS ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, HENISHA NAME NAME STREET ADDRESS 3340 GEORGE SAULS STREET STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition JAMES, PATRICIA H STREET ADDRESS STREET ADDRESS 2171 VANCE ROAD CITY-ST-ZIP DELTONA, FL 32738 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JOHNSON, IRENE D. NAME NAME , 2137 LAKEBREEZE WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP DELTONA, FL 32738 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

,

Daytime Phone #

Date





Division of Corporations

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Document Number N9500000132 Business Entity Name

AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.

FEI Number	593277908
FEI Number Status	C Applied For C Not Applicable © Current
Certificate of Status D	esired O Yes © No \$8.75 each
P	rincipal Place of Business
Address	325 S CLARA AVE
Suite, Apt. #, etc.	
City, State	DELAND , FL
Zip Code & Country	32720 US
	Mailing Address
Address	P 0 BOX 1319
Suite, Apt. #, etc.	100 mm
City, State	DELAND FL
Zip Code & Country	
Zip Code & Country	32/211313
Name A	nd Address of Registered Agent
Name (Last, First, Middle, Title	JOHNSON - JRENE JD ,
-or- RA Business Name	
Address	2137 LAKEBREEZE WAY
Suite, Apt. #, etc.	
City, State	DELTONA , FL
Zip Code & Country	32738 US S 1373 2
If Registered Agent (RA) is cha	anged, the new RA must type their name in the 'Registered

Registered Agent Signature

Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its



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Document Number N9500000132 Business Entity Name AFRICAN AMERICAN MUSEUM OF THE ARTS, INC.

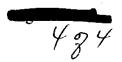
Election Campaign Financing Trust Fund Contribution C Yes © No

Officer/Director Name And Address

Title	P
Name (Last, First, Middle, Title)	MAXWELL JOHNSON JOHNSON
-or- Entity Name	
Street Address	2137 LAKEBREEZE WAY
City, State	DELTONA , FL
Zip Code & Country	32738
Title	V
Name (Last, First, Middle, Title)	SMOKES CARRIE B
-or- Entity Name	·
Street Address	721 S STONE ST
City, State	DELAND , FL
Zip Code & Country	32720
Title Title	S
Name (Last, First, Middle, Title)	DABBS LORETTA
-or- Entity Name	
Street Address	2714 LONE FEATHER DR
City, State	ORLANDO , FL
Zip Code & Country	32837
Title	T
Name (Last, First, Middle, Title)	WILLIAMS HENISHA
-or- Entity Name	

.

O



Street Address	3340 GEORGE SAULS STREET
City, State	DELTONA , FL
Zip Code & Country	32738
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	
Title	D
Name (Last, First, Middle, Title)	JOHNSON IRENE D.
-or- Entity Name	
Street Address	2137 LAKEBREEZE WAY
City, State	DELTONA , FL
Zip Code & Country	32738
List more than six Officer	s/Directors © No additional Officers/Directors to lis
	pove must type their name in the ture' block below. A corporate name is not
Officer/Director Signat	ure Irene D. Johnson
	Continue Reset
•	<u> </u>
	Start Over
Sunbiz Home Pa	ge Public Access Help

https://efile.suphiz.org/scripts/uhr002.exe